

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LX

OCTOBER 1956

No 10

ST. BARTHOLMEW'S HOSPITAL JOURNAL

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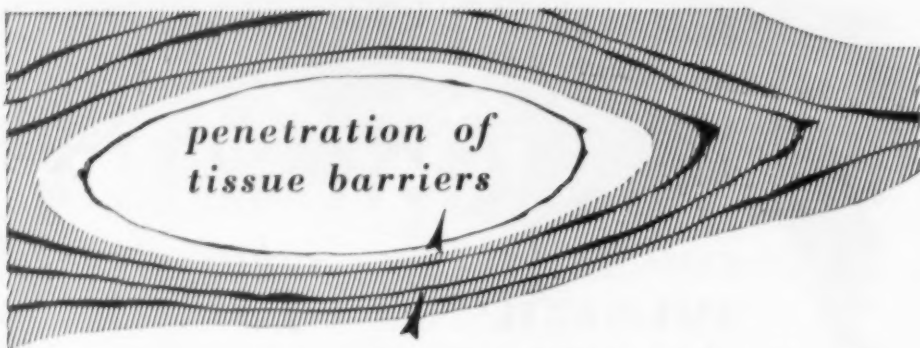
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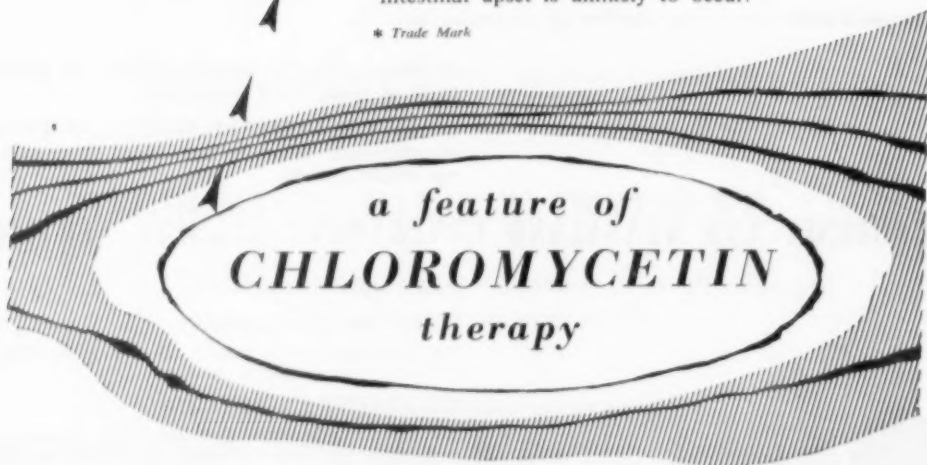
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Send your entries in by December 1st to:

Student Contest
The Observer
22 Tudor Street
LONDON, E.C.4.

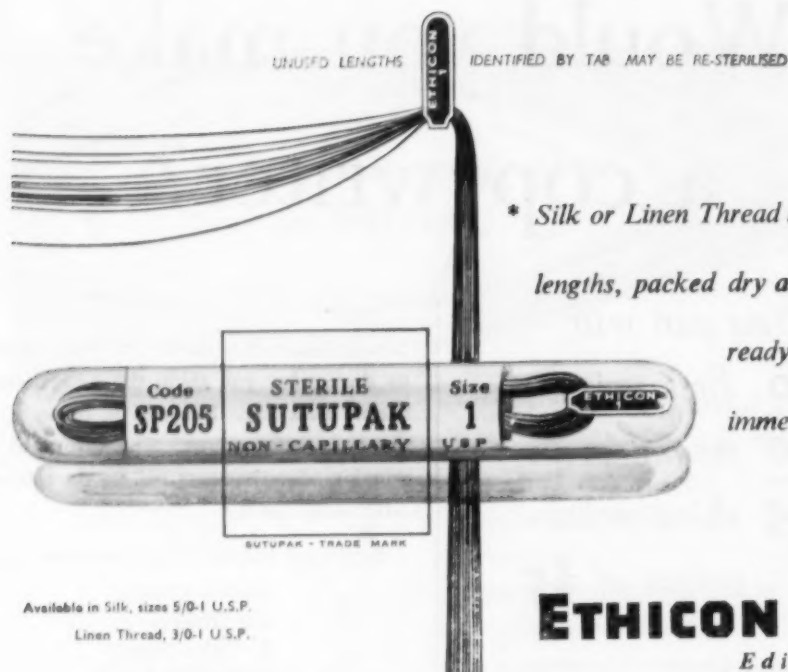
JUDGES

The judges will consist of a panel of people from The Observer and from our advertising agency. They will assess entries without any preconceived ideas. They will not be affected by whether an entry resembles or does not resemble any current or earlier advertising for The Observer.

RULES

There are no rules. The following advice is just commonsense. *Remember to whom you are writing. Write to interest and persuade them, not to interest and persuade us.* The names of prize winners will be published in The Observer.

THE OBSERVER



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Disperses visual disturbances

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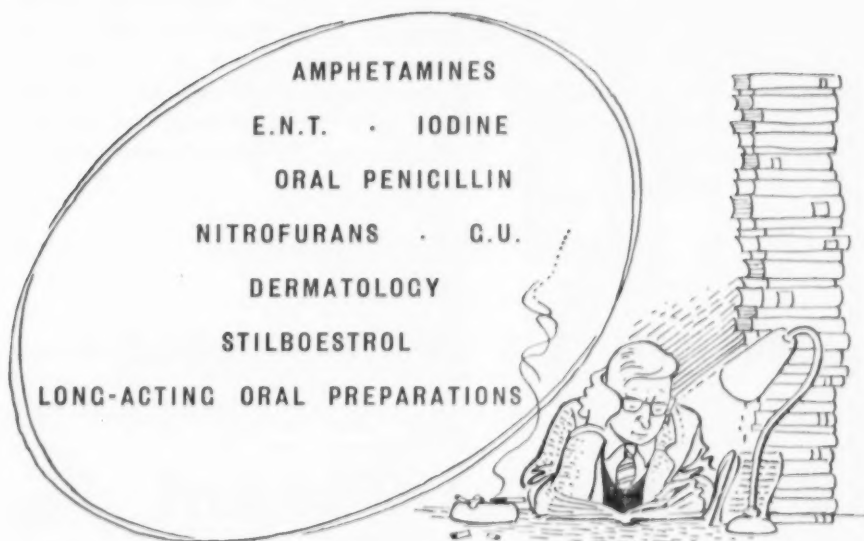
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"There is in fact a Branch of the National Provincial in the Hospital, which I find very convenient"



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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX

OCTOBER 1956

No. 10

EDITORIAL

On the Golden Road to Samarkand

EACH SUMMER a migration of holidaymakers takes place. This migratory urge, as yet unstudied scientifically, may perhaps be explained on the basis of the aphorism, 'a change is as good as a rest'. Travel seems to have become an interest of many thousands of people in this country, and at the end of every vacation period, bronzed Englishmen can be heard discussing the relative merits of Provençal villages, Italian bathing resorts or Greek historical monuments. Even in the winter the would-be traveller, remaining fog-bound in his flat, can obtain vicarious pleasures from the many books written about journeys of exploration or pleasure. The more reputable Sunday newspapers whet the appetite with exotic suggestions for the coming summer: a quaint villa on the Costa Brava; an exclusive restaurant in Zagreb; and perhaps next year will see a dissertation on how to select caviar in Leningrad.

Bart's men have not been left behind in these wanderings. At present two are with the Antarctic expedition (*Journal*, January 1956); many are serving overseas in Her Majesty's Forces; and several are practising abroad. Some have been fortunate enough to obtain fellowships at foreign medical centres.

Recently we have published several articles written by those who have had experience of travel abroad. In this issue there is an

account of a journey to Malta undertaken by a resourceful medical student with a limited budget, and a description of a visit made to a small sheikhdom on the coast of the Persian Gulf by a serving Naval officer.

This travel is not all one way: during the past year many doctors and students from abroad have spent some time working or studying at Bart's. These exchanges are beneficial to us as well as to our visitors.

On a national scale such interchange is common practice in Germany and other European countries, where students spend some of their time during their medical training at several different medical schools. While the idea of a mob of peripatetic medical students might be contemplated with misgiving in this country, it would certainly broaden the outlook of most students if they spent part of their career sharing views with those from other teaching hospitals. We believe that an exchange scheme enabling every student to travel to at least one university would be welcomed. With the active encouragement of medical school authorities, and the medical associations of the various countries, this plan could be adopted without difficulty. Doctors and students should have more opportunities for appreciating the truly international nature of their profession.

Abernethian Society

The Secretary of the Abernethian Society, which was founded by John Abernethy in 1795, has written a letter outlining the programme for the coming term. This letter appears in our correspondence pages.

We are pleased to see a return to the tradition in which students take a more active part in the proceedings of the Society. In the past we have had occasion to criticise the committee of the Society for their tendency to rely almost entirely on well known speakers. It is to be hoped that the members of the Society take the Secretary's message to heart, and do participate fully in the discussions. The dates of the meetings for this month can be found in the Calendar.

Medical Education

The September 1st issue of the British Medical Journal was devoted almost entirely to medical education, with special reports on the proceedings of the First World Conference on Medical Education which was held in London in 1953. These reports make constructive proposals which may be incorporated in the medical curriculum of the future.

In the section devoted to preliminary education it was generally agreed that specialisation should not begin too early. This Hospital has recognised this, and encouraged students to continue their general education until they enter Bart's. On the other hand students entering Oxford or Cambridge before coming to Bart's are urged by the colleges to pass examinations in Chemistry, Physics and Biology before becoming undergraduates. This early specialisation is to some extent offset by the close association medical students at these Universities have with their colleagues studying other subjects. It is one of the great drawbacks of a London medical school that it is isolated from the rest of the University of London. However, any student who wishes to cultivate outside interests will do so whatever his milieu.

Far-reaching recommendations were made in the discussion on the 'Aims and Concepts of the Medical Curriculum.' It was considered that much of the anatomical detail could well be left until a surgical career was entered upon. In the teaching of physiology to medical students the finer points of frog

muscle action might be disregarded to make room for the study of modern metabolic techniques, and the understanding of human physiology which they have brought about.

Various methods of teaching are discussed, and all have a place in imparting knowledge and understanding. One word that cropped up frequently was 'integration.' Some observers believed that a subject like psychiatry should be integrated into the teaching of clinical medicine, leading to an appreciation by the student of the psychiatric complexities involved in any given case. Social Medicine is also considered a suitable subject for 'integration.' When students are made more aware of the relation of the patient to his home background, they will be able to understand his difficulties and advise him more fully.

One trend becomes evident: medical students should not be trained primarily to become General Practitioners, but to become doctors who are eager to continue their training in the given specialities, of which General Practice is one.

These reports, sponsored by the British Medical Association, outline the modern concepts in undergraduate medical education, with relevant comments on medical school teaching in Great Britain. We hope that their recommendations are adopted as soon as is practicable.

Congratulations

to Sir Henry DALE, O.M., F.R.S., on his being awarded the Albert Gold Medal of the Royal Society of Arts.

to Professor Sir James PATTERSON ROSS on his receiving the Honorary Freedom of the Society of Apothecaries.

Special Illustrated Number

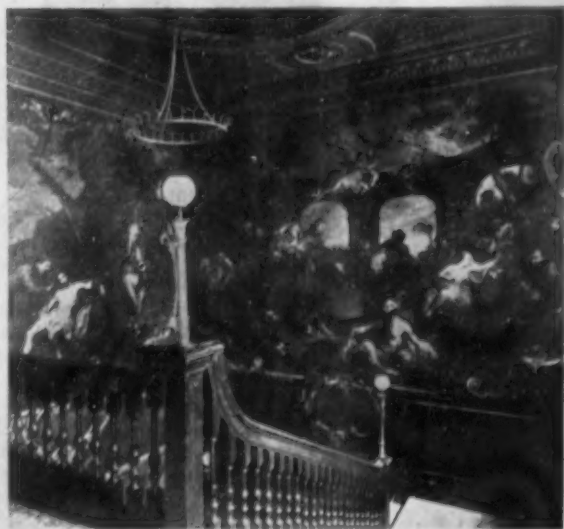
Fifty years ago, last month, a special illustrated number of the *Journal* was issued. In place of an editorial there was a very brief history of the Hospital followed by an account of how to get to Bart's and then how to get in as a student. In those days one 'called on the Dean' at his office in the Warden's House. It sounds a leisurely procedure.

The rest of the issue was taken up with short descriptive accounts of the individual departments with an accompanying photograph. We learn that the Physics Department was

housed in two basement rooms beneath the library: how many would now read their books easily, knowing that just below was a linear accelerator generating a few million electron volts. The Anatomy student was

readily supply humanized milk, or if the complexion were a little patchy, asses milk was available; the Scriviner Cuff Protector, was 'invaluable for preventing the cuffs from being soiled during small operations or dis-

St. Bartholomew's Hospital Journal.



THE STAIRCASE
HOGARTH'S MASTERPIECES, 1736

Special Illustrated Number, September, 1908.

The Cover of the Illustrated Number.

advised how to secure a 'part' and the care he should take of it.

The advertisements seem strange to modern eyes: Dr Lahmann's Cottonwood Underclothing is praised as a daily blessing to thousands; the 'Pedes-Cyclo' shoe was a versatile creation which could be used for walking or cycling; Welford and Sons could

sections.' We wonder if present day products will seem so outmoded to our successors.

II. Our Library

During the last fifteen years the Librarian, Mr. Thornton, has written several short accounts for the *Journal* of the books of historical interest which are in the Library. At

present there is an exhibition in the Library of some of these books; each has beside it the appropriate descriptive passage from the *Journal*. Some are historical treasures, such as the first edition of William Harvey's *Exercitationes de Generatione Animalium*, 1651; the English edition of the *Works of Ambrose Pare* published in 1678; and the first edition of Robert Hooke's *Micrographia*, 1665. Other, more modern books are of special interest to Bart's men, and include *Solid Space Algebra* by Sir Ronald Ross who earned world fame for his discoveries relating malaria to mosquitoes, and the *Collected Papers* of Sir D'Arcy Power.

All those interested in the History of Medicine and in Bibliography are recommended to browse over this exhibition. For further information the articles themselves can be consulted in back numbers of the *Journal*. Since 1946 the *Journal* staff has enjoyed the hospitality of the Librarian, and we are pleased that our association is continuing.

Royal College of Surgeons

At a recent meeting of the council of the Royal College of Surgeons Sir Archibald McINDOE was re-elected onto the Council; Professor G. HADFIELD was appointed Imperial Cancer Research Fund Lecturer; and Mr. D. F. ELLISON NASH was elected Hunterian Professor to give one lecture on 'Congenital Spinal Palsy—The Management of Incontinence.'

Gateway to Charterhouse

The gate from College Hall into Charterhouse Square was closed for some days in August and September while the local drainage was being adjusted. Those who thought that an attempt was being made to level the driveway will be disappointed; the irregularities which were the real reason for the 5 m.p.h. speed limit are destined to remain.

When we asked one of the workmen his opinion of the operation he stated that he thought members of the College had too many hot baths; to work on the College drains, he said, was as bad as working in the Turkish Baths in Russell Square. His mate, however, took a more broadminded view; he considered that hot soapy water was cleans-

ing, and that as far as he was concerned he preferred steam to smell.

As a result of these works there has been a decline in the request for early calls from the College Hall porter; the eight o'clock pneumatic drills have served the purpose. Later risers are requested to report their dreams.

Both workmen faced the prospect of their occupational disease (Raynaud's) with commendable equanimity.

The History of Saint Bartholomew

In this issue we publish the final instalment of the History of Saint Bartholomew, written by John DAWSON. The life of the Saint is buried in obscurity, and we congratulate Dr. Dawson on his full account of the life and associations of St. Bartholomew.

Redecoration

On entering the men's cloakroom during the early part of last month one was faced with a row of posteriors, their owners leaning on the counter reading the newspapers; this almost gave the appearance of a western saloon, with Mr. GARWOOD as the kindly bartender. The Small Abernethian Room became a smoke-filled gambling den, groups of bridge players were huddled in every available space.

The cause of this transformation was the redecoration of the Abernethian Room. Had this taken much longer we fear that Bart's students would begin speaking with a drawl as they gazed fondly westward to the unexplored territory around Shepherd's Bush.

Nursing Exhibition

The 41st annual Professional Nurses and Midwives Conference and Exhibition—organised by the *Nursing Mirror*—will be held from October 15-19 inclusive at Seymour Hall, W.1. Doctors and other professional visitors can obtain free tickets by presenting their professional card at the entrance.

Signs of the Times

The report of the University Grants Committee for the academic year 1954-5 states that the total number of medical students in Great Britain fell by 141 to 13,098. Medical

students represented approximately 15% of the total number of University students, but the percentage of new medical students was only 11.9% of all new students.

Saint Bartholomew's Day

Our Correspondent writes :

The Catholic Society celebrated the feast day of the Hospital's Patron Saint with a special evening Mass in St. Ethelreda's Church, Ely Place. Afterwards a party was held, at which the principal guests were Professor and Mrs. CAVE, and Professor GARROD. A particularly noticeable feature of this party, which attracted a good attendance of Catholic nurses, staff and students, was the excellence of the food organised by the nurses. It is hoped that this function may be established as an annual event.

Yugoslav Visitor

We had the pleasure of meeting Miss Petrovic BOSILJKA, a medical student at Belgrade University. She was en route to Denmark where she will be an exchange student for six weeks. Most medical schools in Britain unfortunately do not encourage short term exchanges with students from the Continent. Miss Bosiljka appeared impressed by the historical associations of the Hospital, but on being shown the Library she enquired whether all the students were on holiday because it seemed so empty.

The medical curriculum in Yugoslavia appears to be similar to that in England.

Wessex Rahere Club

The Autumn Dinner of the above Club will take place at the Grand Spa Hotel, Bristol, on Saturday, 27th October, 1956.

It is hoped that Dr. Geoffrey Bourne will be present as Guest of Honour.

Membership of the Club is open to all Bart's men practising in the west country. Further details will be circulated to members and to any other Bart's men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman, of 11, The Circus, Bath, Somerset.

Country Club

For the benefit of new students who are attached to Dr. CULLINAN's firm, we shall explain the sobriquet of the firm, which unfortunately gives a misleading picture of its origin. Not on the polo field at Hurlingham, not on the links at Sunningdale, not even on the green turf at Lords, but in the hot steamy atmosphere of Dan's café in West Smithfield the firm was so christened by its clinical clerks in 1947. These gentlemen enjoyed their leisure so much in this café that they compared the life on the firm to being members of a country club.

The Tenth Decennial Club

The Annual Dinner of the 10th and associated 8th and 9th Decennial Clubs will be held at the Bath Club, 74 St. James's Street, S.W.1., on Wednesday, 24th October, 1956, at 7 for 7.30 p.m. Sir James Patterson Ross, K.C.V.O. in the chair.

Members wishing to attend the dinner should contact S. L. Higgs, Esq., F.R.C.S. 17, Wimpole Street, W.1.

CANDID CAMERA



The Stress Syndrome

NOTICES

Literary Prize

THE Publications Committee have decided to award two literary prizes. One will be for the best scientific contribution, and the other for the best non-scientific contribution written by a student or subscriber who has been qualified not longer than ten years, which has been published in the *Journal* during 1956. Each prize will be £5, and will be awarded by Christmas, 1956 and be announced in the January 1957 *Journal*. Additional smaller prizes will be awarded for poems, drawings or photographs published during 1956, if a sufficiently high standard is reached.

The object of these prizes is to encourage writing by students and those recently qualified.

Timetables

Extra copies of the timetable given with the July issue of the *Journal* can be obtained from the Manager, priced 3d.

Births

BARNES.—On August 18th, at B.M.H., Kinarra, Malaya, to Elizabeth (*née* Kerr) and Major John Barnes, R.A.M.C., a daughter (Rosemary Ann).

IVENS.—On August 12th, at Portsmouth, to Daphne and Dr. H. P. H. Ivens, a son (Christopher Hugh).

LUMLEY.—On August 25th, to Fay (*née* Clarke) and Dr. Philip Lumley of Forge House, Hayes, Kent, a daughter (Christine Fay).

NEWILL.—On August 4th, at the City of London Maternity Hospital, to Patricia (*née* Bowles) and Dr. Robert Newill, a daughter.

PEDERSEN.—On August 13th, at St. Bartholomew's Hospital, to Wendy (*née* Newberry) and Dr. David L. Pedersen, a daughter.

SINGER.—On July 31st, at St. Albans, to Mary (*née* Hilder) and Dr. Geoffrey Singer, a daughter (Alison Mary).

TAIT.—On July 28th, at St. Luke's Hospital, New York, to Doctors Janet (*née* Nye) and Ian Tait, a son (Nicholas Grenville).

VINES.—On August 23rd, at Gull Rock House, St. Austell, to Ingrid and Dr. H. W. C. Vines, twin daughters.

Engagement

WATKINS—GOULD. The engagement is announced between Dr. David Watkins and Miss Gillian M. Gould.

Marriage

ABRAHAM—TYSZKIEWICZ. On May 5th, Mr. Peter Abraham to Izabella Tyszkiewicz.

Deaths

LAMBERT.—On August 3rd, at Folkestone, Hugh Llewelyn Lambert, M.R.C.S., L.R.C.P. Qualified 1896.

SCOTT.—On August 6th, at Foxmeadow, Braintree, Essex, Sir Henry Harold Scott, K.C.M.G., M.D., F.R.C.P., aged 82. Qualified 1897.

THORNLEY.—On August 16th, Dr. Robert Lewis Thornley, M.D., of Pinewood, Beverly, Yorks., aged 81. Qualified 1899.

CALENDAR

| | | | |
|--------|------|----|---|
| Fri. | Oct. | 5 | Abernethian Society: Inaugural Address, 'The Dangers of Atomic Radiation' given by Prof. B. W. Windeyer, F.R.C.S., F.R.S. Great Hall, 4.45 p.m. |
| Sat. | " | 6 | Medical and Surgical Professorial Units on duty. Rugger: v. Stroud (A). Soccer: v. Caledonians (H). |
| Sat. | " | 13 | Dr. G. Bourne and Mr. J. B. Hume on duty. Rugger: v. Woodford (A). Soccer: v. Old Quintinians (H). |
| Tues. | " | 16 | Abernethian Society: Symposium on Arterial Surgery. Physiology Lecture Theatre, 5.45 p.m. |
| Wed. | " | 17 | Rugger: v. C.U. L.X. Club (H). Soccer: v. St. Mary's Hospital (H). |
| Sat. | " | 20 | Dr. A. W. Spence and Mr. C. Naunton Morgan on duty. Rugger: v. R.M.A. (H). |
| Wed. | " | 24 | Soccer: v. Swiss Mercantile College (H). |
| Sat. | " | 27 | Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugger: v. Old Blues (H). Soccer: v. The 49 Club (H). |
| Wed. | " | 31 | Soccer: v. R.M.A. (H). |
| Thurs. | Nov. | 1 | Abernethian Society: 'Dreams, Dreamers and Poets' by Dr. E. Miller, F.R.C.P., D.P.M., Recreation Room, College Hall, 5.45 p.m. |
| Sat. | " | 3 | Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugger: v. Penzance (A). |
| Mon. | " | 5 | Rugger: v. Devonport (A). |
| Wed. | " | 7 | Rugger: v. Paignton (A). Soccer: v. The London Hospital (A). |

LETTERS TO THE EDITOR

AFRICAN TOUR

Sir,—With reference to Sir Geoffrey Keynes' letter in the July *Journal*, I feel I should express my regret to Sir Geoffrey for the *lapsus calami* in my letter in the May *Journal* concerning his visit to Southern Rhodesia, in which I gave the impression that his much appreciated lecture had lasted for three hours. What I meant to convey was that the pleasant and profitable evening lasted about three hours consisting, in my case, of a talk with some of my colleagues in the lecture room before the lecture, and following the lecture and film there were questions; then came a moving vote of thanks by Dr. Hobday who was in reminiscent mood, and finally further chats with my friends.

Whilst most lectures can be recalled with difficulty and many not at all, some can be reproduced in detail after and I feel that this one by Sir Geoffrey will be remembered for a long time.

I still remember vividly a few lectures and demonstrations given at Bart's thirty years ago, notably one by Sir Percival Horton-Smith-Hartley on Prognosis in Pneumonia, Lord Horder on Food Poisoning and a dramatic demonstration by Sir Holburt Waring on the treatment of Dislocated Shoulder, as a result of a case treated outside Bart's and brought in for repair of damage to the axillary artery; Sir Holburt ended with a strong exhortation to remove one's hob-nailed boots before attempting the heel in axilia method of reduction.

Yours faithfully,

C. SIMS DAVIES.

Mazoe Citrus Estate,
P.O. Mazoe,
Southern Rhodesia.

DIET AND DIABETES

Sir,—I wish to thank you for your issue of May this year which has been of great assistance to me in my efforts to treat a diabetic. Six days ago, shortly after leaving Yokohama, one of the crew reported sick with bad acne and multiple boils. He volunteered that he had not been feeling well for about a month, and in that time his life had been spent 'between the water-cooler and the heads,' and he had lost about a stone in weight. His urine reduced Benedict's solution to brick-red and beyond. The ferric chloride test for aceto-acetic acid was positive, but when the urine had been boiled first it was negative. In view of this a tentative diagnosis of diabetes mellitus was made. As the ship's movements meant that he would have at least a week on board before getting to hospital he was started on the so-called 150 gramme carbohydrate diet and soluble insulin twice a day. He also was given Terramycin 250 mgm every six hours for four days with compound vitamin tablets daily. The difficulties of dieting on board would have been much increased if Miss

Furnivall's article had not been on my desk; as it is the diet fluctuates quite a lot, but that is unavoidable under the circumstances. My patient is feeling better than he has done for the past five weeks, his spots are clearing rapidly, and occasional specimens of his urine do not completely reduce Benedict's solution. Tomorrow he goes to hospital, the Royal Naval Hospital in Hong Kong, while the ship goes to sea again.

Yours faithfully,

R. J. KNIGHT,
Surgeon Lieutenant, R.N.

H.M.S. Newcastle,
C/o G.P.O.,
London.

ABERNETHIAN SOCIETY

Sir,—The Programme of the Abernethian Society for the Michaelmas term has now been published. The Committee would like to ask for the continued support of members of the Hospital.

This term we have tried to make some return to traditional practice, and have invited students and members of the Staff to contribute to meetings, by reading case histories, or papers on original research and medical history.

In so doing we hope to foster a stronger interest in the Society, and would welcome the greater participation of all members, which means not only regular attendance but joining in the discussions at meetings. Members who would like to read papers are asked to contact the committee.

Other meetings will be addressed by visiting speakers and will be concerned with recent advances in medicine or subjects on the fringes of medicine, not with non-medical matters or textbook subjects.

I am,

Yours faithfully,

C. F. ALLENBY,
Honorary Secretary.

Abernethian Room.

AID FOR THE BLIND AND DEAF

Sir,—May I use the *Journal* to bring to the notice of your readers the plight of those persons in London who are both Blind and Deaf. It is difficult for us, who have both sight and hearing, to realize how isolated these people can be with no means of normal communication. Their only language is the Manual Alphabet, which is the same as that used by the sighted Deaf, except that it is spelt on the Blind person's hand, and he reads by feel instead of sight.

Many of them live in Old Peoples' Homes, where nobody troubles to learn to talk to them, and there are a number living entirely on their

own. They are immensely grateful for any opportunity of conversation, and they do not mind how slowly the spelling is done, in fact, some can only follow slowly.

The Alphabet only takes a few minutes to learn, and luckily there is no need to read finger-spelling, as nearly all those who are both Blind and Deaf have heard and can speak; comparatively few are born deaf. Any offer to help these poor, unfortunate people would be of great value, even an hour or two a week, or fortnight, as it is the friendship through personal contact that means so much to them.

Would anyone who is interested please get in touch, either with me, or Miss Lucas, who is in charge of the Blind-Deaf Branch of the Royal Association in Aid of the Deaf and Dumb, 55, Norfolk Square, Paddington, W.2.

Yours faithfully,

ANNE LLOYD.

St. Bartholomew's Hospital.

MEDICAL STUDENTS' CHAPLAIN

Sir,—The Church of England Chaplaincy to the University of London formed in June of this year an Association of Medical Students. The Association draws for its membership on the twelve Medical Schools in London. Its centre for meetings is 6 Gower Street, W.C.1, and for worship, the University Church, St. George's, Bloomsbury Way. The activities of the Association will include corporate worship, opportunities for debate and discussion and social occasions. Meetings are held on Thursdays at 6.30 p.m. at which there will be facilities for a meal.

Those interested are asked to communicate with the Chaplain to Medical Students at 6 Gower Street, W.C.1, MUSEUM 5572.

Yours sincerely,

R. C. R. MANDER,
Chaplain to Medical Students.

The Church of England Chaplaincy
to the University of London,
6 Gower Street,
London, W.C.1.

MISSION TO THE UNIVERSITY

Sir,—This term, from November the 4th to 11th, the Bart's Christian Union is taking part in the London Inter-Faculty Christian Union's Mission in the University. Apart from the central meetings in All Souls' Church, we have planned a number of meetings both in the hospital and at Charterhouse Square.

It has been said that 'the trouble with Christianity is not that it has been tried and found wanting, but found hard and not tried.' The Mission, under the title, 'TRUTH FOR OUR TIME,' will try to show the relevance of Christianity to

our lives, and to encourage men and women to consider again (or perhaps for the first time) the claims of Jesus Christ upon them. We believe that if they will face the cost and honestly try it, Christianity will still not be found wanting.

I am, Sir,
Yours faithfully,

RICHARD COOK,
Secretary, Christian Union.

Abernethian Room.

CAMBRIDGE BART'S CLUB

Sir,—The Annual Sherry Party of this ancient Club will be held in the Library, by kind permission of the College Committee, on Friday, 26th October, from 6 to 8 p.m., and it is hoped that every graduate coming down from Cambridge will take this opportunity of meeting his fellow members. Notices have been sent to all those on the books, but we would be most grateful to hear from any Bart's Cambridge Graduate who has not heard from us.

Yours faithfully,

JOAN MAURICE-SMITH
H. JACKSON BURROWS
R. A. SHOOTER

Honorary Secretaries.

St. Bartholomew's Hospital.

POT-POURRI

Sir,—In his letter published in your May, 1956, issue, Dr. Crowther asserts that the first Pot-Pourri took place in January, 1936. I am confident that there took place at least two or three similar Pot-Pourri productions earlier than that date, having taken part in them myself before leaving the Hospital at the end of 1935. I ask for this correction in the interests of historical accuracy and in no way wish to detract from the favourable reference, in Dr. Crowther's letter, to Roger Gilbert and George Ellis who were indeed among the leading lights of the earlier productions to which I refer.

Yours faithfully,

S. J. HADFIELD.

Sheerwater Lodge,
West Byfleet,
Surrey.

* * *

CORRIGENDA

The following corrections should be made to the letter by Mr. H. E. Quick published July 1956:

For *Potomias* read *Pomatias*;
After 'should be' insert *Helix pomatia*;
For *Monachia* read *Monacha*.

AN EYE FOR AN EYE

by D. M. SHAW

Arrival

ON THE coast of Arabia, just south of the entrance to the Persian Gulf, is Fujairah, a small sheikhdom lying in a plain surrounded on three sides by barren mountains, and on the fourth by the sea. With the exception of a narrow fertile strip to seaward where date palms grow, there is uninterrupted desert stretching back to the mountains' edge, and little thrives there apart from scattered stunted trees and parched dusty shrubs.

We arrived early in our frigate on a morning towards the end of the hot season, bringing with us the Assistant Political Agent from Dubai to visit the Sheikh, who, when we had anchored, came out to receive a three gun salute and amuse himself for a while by firing off a few rounds from one of the Bofors Guns. He then offered us hospitality and it was arranged that the Captain and ten others should call on him at 12.30, but that since we planned sailing at four, the visit had to be a short one.

Landing was a problem in view of the difficult surf, and as there was no jetty we had to be rowed ashore for the last hundred yards, because the motor boat could approach no nearer. By the time the party had leapt ashore between waves and had then helped to push the whaler out again, everyone was soaked to the skin. However, we arrived on time at the Sheikh's village, rapidly drying off in the midday heat, and sat in a circle on chairs under a rush roofed shelter laid with Persian carpets. The chairs seemed at least partly a concession to Western customs because soon the Sheikh, his friend, and one of his officers, were absent-mindedly sitting crosslegged or squatting with their heels tucked under their thighs.

The Sheikh was a shortish, somewhat rotund, man with a black greying beard, and

a face quick to wrinkle into a smile, which exposed his remaining brown stained teeth. His nose, unlike many of those of the aquiline aristocratic profiles we had seen before, was straight, and for this reason, or because of his good humour, he had little of the heavy patriarchal appearance of some of the more well known Arab leaders.

While glasses of water and then orange juice were being handed round, we had time to assess his bodyguard of about twelve men, dressed in all manner of ways and colours, and who sat on the ground on the opposite side of the circle to ourselves. The majority were typically Arab in origin, but some had the darker skins and broad noses seen in those of African slave ancestry. Each carried a well kept sporting or service rifle, varying widely in vintage, and ranging in calibre up to .45 in some cases, judging by the ugly looking cartridges in the gunbelts. A curved dagger in an ornamented sheath, usually of engraved or beaten silver, was thrust through many of the belts, and as we found later when one was unsheathed for our inspection, both edges were of razor sharpness. In addition to rifle and dagger, the chief officer had a compact automatic pistol at his side.

Coffee Break

Black coffee flavoured with Cardamom seeds followed the orange squash and was poured by a bearer from an ancient, picturesque and well worn metal coffee pot into one of four basin shaped cups which he carried. Etiquette allows up to three cups of coffee to be taken, after which, or before, if one has had sufficient, the cup is shaken as a sign of having finished, and it is then removed and given to someone else. When everyone had been served, including the motley band of sharpshooters, a brazier containing burning sadalwood was circulated for each to waft the fragrant fumes to himself, and scented water was poured on our right hands. Finally, trays approached laden with pawpaws, tangerines, pineapple, Arab sweetmeat, sago jelly, sweetened vermicelli

David Murray Shaw

Surgeon Lieutenant Shaw, at present serving in the R.N.V.R., qualified from Bart's in 1953. He was appointed House Physician on Dr. E. R. Cullinan's firm.

and biscuits, these being the preliminaries to the meal.

Shooting Match

Arab hospitality knows no hurry, and although the Sheikh had known when we were to arrive, preparations had probably not started until quite late on in the morning and nobody, least of all the Sheikh, seemed to

We were at no small disadvantage in this competition in the absence of a conventional target with which to calibrate the shots, and although the Captain and several others tried, the bean remained secure on its precarious perch.

The Sheikh took his turn and, after a number of his shots had missed, fired with the gun first jammed through the spokes of a chairback, then steadied against a post, then



Preparing the feast

want to hasten the main course, as one round of coffee followed another at irregular intervals, and the afternoon aged gracefully in conversation and in a feeling of timelessness. We expressed interest in their firearms and some of the bodyguard brought their weapons for us to examine, and they also showed us how they manufactured their ammunition from home-made gunpowder, lead, used cartridge cases, and a mixture of gunpowder and match-heads for the detonator. The Sheikh then challenged us to a shooting match and sent for his own personal automatic rifle, while the target, a small coffee bean impaled on a needle, was set up on a stake at about ten paces.

resting on another rifle, and he was obviously going to carry on until he jolly well had hit the bean. Bullet after bullet ricocheted and whined away into the desert, and we were becoming anxious about what could happen if he failed to hit the mark, when suddenly both needle and target disappeared, and the marksman turned, beaming from ear to ear, to receive the applause of the company.

A second competition was suggested and this time the target was a tin on a stake planted into the sand at the desert edge. Again, despite the successful shooting of two of the bodyguard, no bullseyes were scored by our party and it became clear that the rifle

was not sighted in the usual way, and that they probably used the crutch of the rear sight rather than the shoulder.

When my turn came, assuming that the shots had gone high, with somewhat low cunning, I aimed six inches below the target and holed the tin at the second shot. The experts were far from pleased.

The meal

The afternoon was by this time far advanced and our intended sailing time had already passed when the Sheikh and most of his followers retired for prayers leaving his friend to talk to us. The Sheikh returned, and at long last, four hours after the hors d'oeuvres, a commotion in the middle distance heralded the appearance of our long overdue lunch, as a procession approached carrying dishes of sheep's head or rice, and bowls of boiled mutton. In the centre of the group, twelve worthies staggered under the weight of a mammoth circular tray, four to five feet in diameter, and piled high with rice, great hunks of lambs and young goat, the whole being supported on a circular carpet held at the edges.

The Sheikh rose, and following his example, we sat on the floor around the array of dishes and began, using the right hand only, because to eat with the left in Arab society is the height of bad manners. For the inexperienced this was no mean feat, and before the meal was far advanced bits of rice were adhering to the nose and chin of those who had not mastered the art of rolling it in the palm into an easily engulfed lump.

Meanwhile, the Sheikh or his friend would lean across the mountain of food, rummage around to find the choice piece and wrenching it free would then toss it across to anyone who seemed not to be eating enough.

Since my luck at musketry, the Sheikh's friend had discovered that I was the medico of the party, and from then on he had directed a string of comments, compliments and titbits in my direction, and had even suggested that I might settle in Fujairah and marry one of the local girls. However, I was horror-stricken when what was considered by our hosts to be *the* delicacy, namely, the sheep's eye, was extracted by this gentleman and landed fair and square on my pile of rice. Thirty seconds prior to this the Captain might have been observed craftily planting a

similar 'horror' into the depths of the rice before him, thus losing it, but there seemed no similar escape for me, so mumbling something about Queen and Country, trying not to think too hard about what was happening, I took a deep breath and swallowed the eye whole. For one eternal moment it seemed that this grisly globe would jam in its descent, and that the jibe about one's eye being too big for one's stomach would come only too true. However, the moment and the eye passed by and down respectively, and the crisis was over. Fortunately or unfortunately, there was no photographic record of my facial expression during this incident, but apparently it was a sight to behold.

The meal came to an end and we sat back without having made any visible impression at all on this Falstaffian feast. Now was the time to show our appreciation, but try as we might, the coxswain, out of all the eleven of us, was the only one to produce a self-respecting belch.

Departure

We washed our hands and faces, again took coffee and waited for the return of our three gun salute.

On the hill above the village was an antiquated fort surrounded by large ancient cannons, probably dating from the Portuguese colonizers of past centuries. A man carrying a burning torch applied the flame to a trail of gunpowder leading along the barrel to the touch point of this archaic firepiece, and ran for his life. There was a flash, a cloud of smoke and a thunderous crack which echoed and re-echoed from the peaks behind.

The gunner emerged from hiding and repeated the performance with the second cannon, but he had miscalculated the charge, because there was a still greater flash and roar, and, as he rose from shelter, he was just in time to see the recoiling gun disappear backwards over the brow of the far side of the hill. The third shot, to our disappointment, was entirely without incident.

The Sheikh and his friend drove back with us across the desert and under the date palms to the shore where the whaler had been waiting for us.

We made our farewells, and, in rapidly fading light, returned to the ship and sailed south towards Muscat.

A CASE OF RECURRENT URETHRAL CALCULI

by C. A. C. CHARLTON

INTRODUCTION

DURING 1955, fifty-four cases of urinary calculi were admitted to this Hospital, eight of which were of a recurrent nature.

The following case was the only one of urethral calculi admitted to the hospital during the year.

CASE HISTORY

A 68-year-old male, a clerk in the City, was admitted as a duty case complaining of retention of urine.

For the week previously the patient had had severe attacks of pain at the perineo-scrotal junction, seven or eight times throughout the day and night, accompanied by a desire to micturate, but passing little or no urine. The patient had discovered a swelling in this region, which enlarged when he experienced the above pains.

In 1951 he had had a prostatectomy performed at Princess Beatrice Hospital. Post-operatively he developed incontinence of urine, for which he wore a urinal strapped to his leg, and was provided with a penile clamp. Soon after the operation he developed a ventral hernia at the site of the incision.

In June, 1954, the patient underwent cysto-urethroscopy and a perineal operation for the removal of a stone in the urethra. Since then, he had had intermittent pain in the perineum with incontinence of urine.

He had rickets at the age of five years.

His general health was good, except for a slight productive cough, and some slight dyspnoea on exertion.

EXAMINATION

The patient looked ill; his chest showed Harrison's sulcus and a 'Rickety rosary', and at the lung bases crepitations were heard.

In the cardio-vascular examination, an irregular pulse was noted, presumed to be

due to extrasystoles. The heart sounds were normal and a soft systolic murmur was heard over the praecordium. The blood pressure was 160/100 mms. of Hg.

On examination of the abdomen a large ventral hernia was found at the site of the suprapubic scar, and an enlarged liver was felt with a smooth, firm edge. In the perineum another scar was seen and a mass was felt anteriorly, which was very tender. The scrotum was distended with oedema, and digital examination per rectum defined a smooth mass, the lateral margins of which were palpable.

INVESTIGATIONS AND TREATMENT

Within a few hours of admission, an unsuccessful attempt was made to pass a bougie (size 9, English gauge) along the urethra. An external perineal urethrolithotomy was performed. Two large phosphatic calculi were removed from the membranous urethra, measuring $1\frac{1}{2}$ inch and $\frac{1}{2}$ inch in diameter. A self retaining Foley's catheter was passed into the bladder, through the wound, this latter being closed by skin stitches only, of black mersilk thread. A firm bandage was applied, encircling the lower part of the abdomen, which had the effect of exerting a constant pressure on the bladder.

A sample of urine collected at the operation was heavily blood-stained and on culture, a growth of coliform bacilli resistant to penicillin, terramycin, streptomycin, erythromycin and sulphathiazole, but slightly sensitive to chloramphenicol was obtained. The patient was therefore started on a four day course of 1 gm. t.d.s. of chloramphenicol the following day.

Post-operatively his blood urea was 40 mms. %, and his haemoglobin was above 100 %. An electrocardiogram showed signs of heart block with left ventricular hypertrophy. An intra-venous pyelogram showed three large, laminated and faceted calculi in the bladder and prostate bed. (Fig. 1.) Both kidneys functioned well, and there were no anatomical abnormalities of the kidneys or ureters detected.

In view of the above findings, ten days after the first operation, an external perineal cystolithotomy was performed through the old incision, and the calculi were crushed with large forceps and the debris removed by repeated irrigations with saline using a Bigelows evacuator. The presence of a large diverticulum in the prostatic urethra was found, which presumably formed as a result of the prostatectomy four years previously.

Three weeks following the second operation, the urethra was dilated by passing bougies, with difficulty, up to size 11/14, and an obstructive bar just proximal to the perineal scar was detected. Subsequently, a urethrogram showed small opacities along the anterior urethra and a stricture.

The patient was discharged two days later to be followed up for dilatations, and ammonium chloride was prescribed.

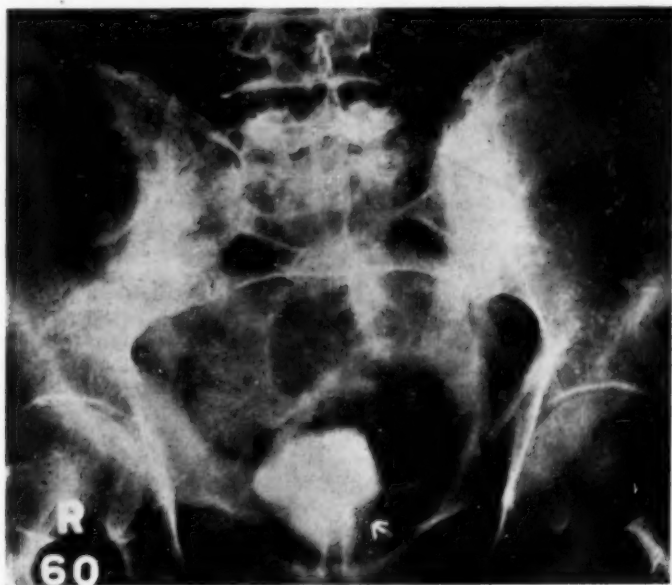


Fig. 1: I.V.P. prior to second operation showing the three large calculi.

X-rays taken in the theatre indicated the presence of further stones, which were removed by the same method, until the X-rays showed no further calculi to be present. A Foley's catheter was inserted into the bladder through the perineum for open drainage.

The urine at this time was still alkaline, and a growth of coliform bacilli resistant to penicillin, streptomycin, terramycin sulphathiazole and chloramphenicol was obtained.

The Foley's catheter was removed two days after the second operation. The wound healed rapidly, and the patient was able to pass his urine normally again, although still without control.

RE-ADMISSION

Ten days later this patient was re-admitted as a duty case with a perineal urinary fistula.

The history was that two days following his discharge from Bart's, the perineal wound began to leak urine, while at the same time he was passing urine normally into his urinal. This got progressively worse. He had experienced no haematuria, dysuria or loin pain.

On examination he was discharging urine through the perineal scar the opening of the fistula measuring $\frac{1}{4}$ inch in diameter, and there was some surrounding inflammation. The scrotum was also very swollen.

SUBSEQUENT INVESTIGATIONS AND TREATMENT

The following day a dilatation of the urethra was carried out. The presence of a stricture was confirmed, and after dilating the urethra a little, a few ounces of urine were collected. Eventually, a size 15 gum elastic catheter was passed, and some more urine obtained. In all, nine ounces were drawn off, and a specimen sent for culture. The report indicated an alkaline urine which on culturing yielded a growth of proteus resistant to penicillin, terramycin, and sulphathiazole, but sensitive to streptomycin. A four-day course of streptomycin 0.5 gms. b.d. was started. X-rays showed no calculi.

Ten days following admission a further dilatation was carried out, metal sounds up to 11/14 size were passed. A catheter was then passed and two ounces of urine were drawn off and sent for culture. The urine was still alkaline despite the fact that the patient had been put on ammonium chloride on being re-admitted. Centrifuged deposit showed particles of amorphous triple phosphates. It also gave a growth of proteus, this time resistant to penicillin, terramycin, streptomycin and sulphathiazole. A swab from the perineal fistula showed a mixed growth of proteus and diphtheroids. The urine remained alkaline, although the dose of ammonium chloride was increased to 40 grains five times a day. The fistula recurred periodically.

Some intensive tests were done in the Bacteriology Department, and in view of the persistent alkalinity of the urine, it was decided to try and eliminate the proteus organism, which was a urea splitter, but not in this case a penicillinase producer. The treatment recommended and carried out was to give a daily dose of fifteen million units of penicillin (crystalline) for three weeks. This was administered in doses of three mega units five times a day.

Within three days of commencing this course, the urine was acid, the fistula had been healed, and the patient began using his urinal once again satisfactorily.

Three weeks after the last dilatation, a further dilatation was carried out, and after some difficulty in negotiating the urethra proximal to the site of the old fistula, Lister's

bougies up to size 12/16 were passed easily into the bladder.

On terminating the course of soluble penicillin, a four-day course of oral penicillin 200,000 units t.d.s. was begun, after which the patient was discharged, this being six weeks after admission and as stated his perineal wound had healed, the urine was acid, and he was passing his urine normally into his urinal. On culturing his urine at this time, growths of two types of coliform bacilli were obtained, both being sensitive to streptomycin and sulphathiazole. The oral penicillin was stopped in view of the fact that he had a persistent urinary incontinence and chances of infection were quite high. He was prescribed ammonium chloride to take at home. He was followed up to ensure that the urethra was kept patent.

DISCUSSION

The case described is that of recurrent urethral phosphatic calculi. Urethral calculi as defined by Swift Joly, are those which have become lodged in the urethra and cannot be removed except by surgical means. A stone which is passed naturally does not, of course, come under this heading. Such stones may be of two kinds. Firstly, the autochthonous calculi, which are formed in the urethra itself or in a pouch opening off it, and into this category falls the described case; and, secondly, migratory calculi which have escaped from the bladder, but have been retained in the urethra and these show a distinct nucleus.

Urethral calculi are not commonly met with, and during 1955, the described case is the only one admitted to this hospital. In a series of urinary calculi collected by Winsbury-White between the years 1936 and 1945, numbering 665 cases in all, urethral calculi accounted for 2.3% only of these per annum. The rarity of autochthonous calculi is illustrated by the figures of Swift Joly, who collected 34 cases of urethral calculi at St. Peter's Hospital between 1915 and 1925, and by English who collected 405 cases of calculi, and both found that the proportion of autochthonous to migratory stones were in the ratio of one in ten.

As a rule urethral calculi are single. Of the 34 cases collected at St. Peter's Hospital, 31 had one stone, two had two stones, and

the remaining case had nine stones. Civiale described a case in which 230 stones were found in the membranous urethra and in the pocket behind the prostate.

Approximately two-fifths of patients suffering from renal calculi have some other lesion present, these being:

1. Stones elsewhere in the urinary tract, occurring in 18% of cases.
2. Urethral stricture in 18%.
3. Stenosed external meatus in 3%.
4. Perineal fistula in 3%.
5. A further 6% have had stones removed from the bladder at some earlier date.

The stones may consist of calcium phosphate, either crystalline (which are comparatively rare) or amorphous (much commoner), and ammonio-magnesium phosphate (triple phosphate) or a mixture of these salts. The bulk of the urinary phosphates is due to the breakdown of the organic phosphates. In normal urine there is a small quantity of ammonium magnesium phosphate formed by the union of urinary ammonia with the phosphates, but it never occurs in sufficient quantity to form calculi. The triple phosphate of stones is formed as a result of the decomposition of urea by a urea splitting microbe, for example, a proteus bacillus and some staphylococci. In addition, however, there are many strains of staphylococci which do not decompose urea and are met with in an acid urine, yet appear to have the power of forming phosphate calculi.

The overwhelming majority of recurrent calculi requiring operation are phosphatic stones originating in infected urine and are caused entirely by this infection.

The necessary conditions for the formation of an autochthonous stone existed in the described case; a site at which the urine can stagnate, namely, the presence of a diverticulum in the prostatic urethra; and the infection, which is commonly present in urinary incontinence. An alkaline infection, as in this case, is very dangerous, since stones are very rapidly coated with phosphates and show a great tendency to recur. It follows from this that the way of preventing the recurrence of stones is by removing the infection. In the days prior to the antibiotics and sulphonamides, attempts to overcome urinary infections were made by administering alkalis to turn an acid urine alkaline and conversely, and in this case, large doses of ammonium chloride were given with courses of chloramphenicol and streptomycin, yet the urine persisted alkaline due to the presence of the urea splitter proteus. This organism was resistant in laboratory doses to every antibiotic, but, however, from past experience it was known that a three-week course of heavy doses of penicillin would kill this organism, since it was not a penicillinase producer. The efficacy of this treatment has already been described.

ACKNOWLEDGEMENTS

I should like to express my gratitude to Mr. J. P. Hosford, for permission to publish this case, and for his helpful criticism.

REFERENCES

- Swift Jolly, J. *Stone and Calculous Disease*—Heinemann, 1929.
Winsbury-White, H.P. *B.J. of Urology*, Vol. 18, p. 13-20, March, 1946.

SO TO SPEAK

Chauvinism

From a dresser's note:

The patient was X-rayed at the Middlesex Hospital—but recovered.

Spice of Life

In a note to the Dental Department:

Please treat this patient for ginger vitis.

JOURNEY TO MALTA

by A. C. WATSON

MANY Undergraduates have at some time during their University Course tried their hand, or thumb, at hitch-hiking. Within the last year this controversial topic even pervaded the correspondence columns of *The Times* and has, on numerous occasions, been discussed over the air. With five years hitching and many thousands of miles to my credit covered both at home and abroad, I feel I am beginning to understand what might be called the 'Moral Code' of hitching. This Code, when followed, not only enables one to travel great distances, but brings one into contact with people from every sphere of life, and for my part has given me a multitude of friends in many countries. Only last term I received a telegram from a Frenchman who had given me a lift of some 200 km. last year—'Would I meet him at Waterloo Air Terminal?' This I did, and I'm pleased to say I was able to repay him for his kindness.

Last summer I successfully hitch-hiked to Malta, and back, the total cost of eight weeks' holiday and over 5,000 miles travelling being about £32. A journey such as this, however, cannot be valued in hard cash, but only in experience gained and friends made.

I started in early June from Kingsbridge in Devon with a light heart and a heavy rucksack. Malta, I reflected at the top of the first hill, was a very long way away—especially as my first lift took me only fourteen miles nearer. I had previously arranged to travel with a friend from London to Bordeaux in a van. Unfortunately, he had passed out while driving at a good speed just outside Oxford and, in completing a forward roll or neck spring, van and driver parted company, the van to a nearby garage for extensive repairs, the driver to the Radcliffe, where he was detained with a fractured talus and burns. I had then to press on by myself—via Newhaven, where my ticket for the car ferry across was already booked.

Here, various officials were extremely kind and the following morning I was introduced to 'Harry', who would be delighted to have

company, especially as he had never been abroad before and couldn't speak a word of the lingo. With Harry I travelled a thousand miles—Newhaven to Estoril, near Lisbon, my longest land lift to date.

The drive proved quite spectacular at times and will be remembered for many years. At Biarritz we were summoned for a parking offence. Spanish visas usually take 24 hours to obtain, and the police had come along and marked the car while I was busy persuading a Spanish Customs Official in French that my Grandmother was dying in Lisbon, whether he believed me or not, I don't know, but he did give me a visa immediately. The parking offence summons we saw in tiny pieces in the Gendarmerie waste paper basket after a few moments' idle chatter on everything from the weather to the make of car. We left with handshakes all round and were soon speeding to see this 'grandmother'! In central Spain we bought more petrol and oil than we had ready cash for and subsequently had to barter in oranges and cigarettes, the relevant figures having previously been drawn in the sand by the road. Peace was maintained, however, and having shaken hands with the mechanic we left him choking over a 'Player.'

Within minutes we nearly ran down a horse and mount, passed a horse and cart on the inside, and were the first to arrive at the scene of a fatal accident. We crossed into Portugal at 11.55 one night and soon afterwards landed in a ploughed field, the car not going in quite the same direction as an unfenced bend. Here we spent an uncomfortable night, but were able to drive back onto the road the following morning and then on to Lisbon and Estoril. We did not part company at Estoril, an invitation being extended for me to stay with his Portuguese in-laws for several days.

Too soon I decided to move on towards Gibraltar, leaving Lisbon and passing towards Seville along dusty roads with cork trees and orange groves on either side. I spent two days in Seville sightseeing and learning to barter. Shortly after my arrival I was approached by a ragged looking indi-

vidual holding a frying pan! Within seconds he had a sparkling diamond set in a gold ring held under my nose: "Giving it away," he said, and to prove his diamond was genuine, scratched a nearby window with it. Shortly the frying pan was passing to and fro, his price being chalked on the inside, followed by mine, which was half his minus one. He must have sensed I was an

Spain, I took a train to Cadiz and after a brief stay there (looking for singed beards?), I made my way to Algeciras where I met Peter de Polnay, the English novelist—and the Spanish police!

Disappearing into a café for refreshment, we asked a nearby bus porter to put our luggage, Polnay's cases and my commando-type rucksack, onto the La Linea bus when it



impecunious medic, for abruptly he made off. Perhaps as well, for round the next corner I was offered an identical ring for half the previous starting price! Seville Cathedral is a masterpiece, one unusual feature being the tower so large as to enable a ramp to be built inside which leads almost to the top. From the vantage point, Seville is seen spreading out on all sides, the area to the North being dominated by the inevitable bull ring. As bandits still operate in Southern

arrived, and further to inform us of its arrival. Naturally we were somewhat annoyed when on emerging from the café we discovered our luggage was half way to La Linea, the porter had simply not told us the bus had come! There followed a scene, mainly abusive in nature, which resulted in the two of us being arrested and escorted through the town to the Police Station. This amusing procession was watched by half the population of Algeciras, the tiny policeman

trotting between 'the two prisoners,' while the porter, who was now really steamed up, walked before us, demanding that we should be well nigh hung for calling him, I must admit, some rather uncomplimentary names. We were duly charged and tried, and for a moment I had visions of a fortnight's stone breaking, but common sense prevailed and eventually we were released. Before we reached the Court, the policeman had tried hard to make us bribe the porter not to have us charged, but without success. Having ascertained that our luggage was safe, we boarded the ferry for La Linea and shortly afterwards I was to catch sight of The Rock, beautifully silhouetted against a clean evening sky. Before crossing into Gibraltar, however, I spent several days exploring the surrounding countryside, making a short expedition to Malaga in search of a boat to take me to Italy or Malta, fished with some poverty-stricken Spanish fishermen, and watched a bull fight. My final lift back from Malaga was with four Spanish soldiers in a horse and cart.

Eventually, I boarded a warship which, after a four and a half day voyage, moored in Sleima Creek, next to the Grand Harbour in Malta. Of this trip in a frigate and one made subsequently from Malta to the South of France in a destroyer I can say little for reasons outside my control.

Malta did prove to be an isle of sunshine, the temperature rising above 100° on several occasions. The swimming was excellent, especially off the coast where, equipped with goggles one can study the full beauty of the submarine territory. The history of Malta goes back many centuries and this small island, no larger than 15 miles by 9, proves a happy hunting ground for the archeologist and historian. The two main hospitals, King George V and St. Luke's, both command magnificent views. The former is mainly for British residents, the emphasis being on maternity cases, while the larger hospital of St. Luke's is the Maltese teaching hospital.

I found the Maltese very friendly, and every night I was there made a point of meeting as many as I could and sounding them on the current proposal for integration with the United Kingdom. Even then it was evident that the Medical section was worried about the possibility of a National Health Service within the island!

My next lift, which I have already mentioned, took me to Théoule, a small coastal resort within 5 miles of Cannes. Here I disembarked and within 5 minutes had been picked up by a French doctor going to Cannes. We spent the remainder of the day together until at last it was time for me to think of striking towards Paris. As usual in the South of France, there were many 'Auto Stoppers' waiting by the side of the road. I soon ascertained that lifts were sparse—some hikers having been there for 36 hours. In many cases it was evident why they had been there so long! Following my usual routine, I walked on—it being a principle never to remain stationary while hitching; and further, never ask a stationary driver for a lift—it's only sporting to give a driver a fair chance to refuse. Soon I had passed everyone and was 'on the open road.' Shortly afterwards I walked past a stationary vehicle only to be called back and offered a lift to Aix en Provence.

Here I slept under a hedge in my waterproof sleeping bag and was soon on my way again next morning. Within 36 hours I was with friends in Fontainebleau, having had just three lifts from Cannes, a wonderful meal given me en route and a pair of sore feet! After several days in this 'international' town, on to Northern France to some more friends. Here my luck again held—a Fiat 600 virtually from door to door. By taking the road via Melun I assured myself the chance of the Belgian cars returning to Brussels. Better still, the very first Belgian car took me right to Recquignies—a tiny village between Maubeuge and Charleroi to within 100 yards of my friend's house. Three more days here, then on to Valenciennes, where I called to see a driver who had given me an excellent lift the previous year.

While I was sipping champagne and talking to his wife, he slipped out and on his return he gave me my rail ticket to Calais! I would like to emphasize here that finance had not entered the conversation! He told me subsequently that he had been taken from the Dunkirk beaches by the British and very warmly accepted into an English family. Furthermore, I had taken the trouble to write to him and thank him for his lift the previous year,—so much for the ticket.

After eight weeks I returned to England, having met and mixed with people from every walk of life.

SAINT BARTHOLOMEW AND HIS ASSOCIATIONS

PART IV : ST. BARTHOLOMEW'S HOSPITAL

by J. B. DAWSON

ANCIENT GREECE

THE GREATEST association of all from our point of view, is that of the 'Royal and Ancient Hospital of Saint Bartholomew,' and this indeed makes a fine tale. With a certain amount of imagination I like to begin the story in ancient Greece. It all began with Asklepios, the Greek god of medicine, who is depicted as a 'grand old man' with his staff of wisdom. This god was the talented issue of the god Apollo and the nymph Coronis, and two stories are told of his birth. The first states that he was taken from his mother's womb as she was being carried to her funeral pyre, and the second relates his abandonment by his mother and subsequent rescue and nurture by a goat. He survived this stormy origin and married twice. By his first wife he begat a daughter named Hygeia, who became the goddess of health, his second wife being Lampetia, who was daughter of the sun god. Having such an intimate connection with Caesarean section (under another name, of course) and as an example of early artificial feeding, it is not surprising that Asklepios was bent for medicine. His tutor, the Centaur Chiron, was so successful in the instruction of his pupil that the successes of this prodigy caused Pluto to complain to Zeus that the prolongation of life on earth, due to the ministrations of Asklepios, was keeping down the population of Hades. Zeus, in order to restore the balance, was prevailed upon to kill Asklepios with a thunderbolt.

Homer mentions him as a superlative physician who, with his sons, Machaon and Podalecrius, was present at Troy (*The Iliad*), and there is no doubt at all that the worship of the cult of health which was perpetuated in his name was widespread throughout Greece.

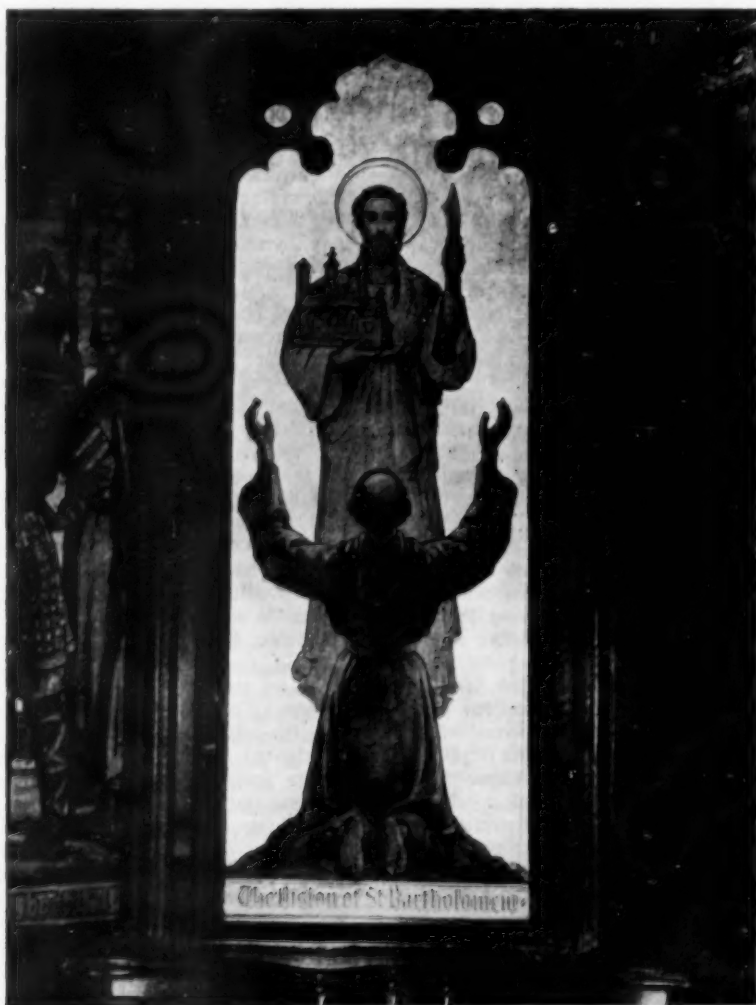
The cures were wrought in sanatoria known as Aesclepieia, erected to the god by attendant practising physicians in the name of Hygieia and Telesphorus, the boy genius

of healing. The teaching was oral, and the central medical school was situated at Epidaurus, at which Hippocrates practised about the year 460 B.C. The therapeutic programme was to induce sleep in the sick, and while the patient rested, the god would pay a visitation and so cure the mere mortal. This appeared to be a most excellent form of therapy, and one which is foreign in our modern hospital of St. Bartholomew's, as any man or woman who has been 'warded' will bear out; up at 5 a.m.—rolled—bathed—tidied—fed—attacked by consultant, registrar, houseman, student in strict succession, and finally, after further tidying and feeding the relatives are granted their turn. Once all these people have gone, battle is rejoined with an 'out of bed,' a further bath, roll and tidy, and a final escape into therapeutic bliss at 9 p.m. An excellent foundation for a plea for the return of 'the good old days.'

This cult of health generally spread westwards in company with the rest of Greek medicine, finally reaching Italy. Here, in 293 B.C., a pestilence which appears to have been an attack of the plague, broke out in Rome. The Sibylline books were consulted and the advice given therein was to send to Epidaurus for the god Asklepios, who in Latin parlance became Aesculapius. An ambassador was sent and the god was brought to Italy in the form of a serpent to aid the populace in their desperate hour. When the ship had entered the Tiber and was passing the island at Rome, the serpent escaped and made a home for itself on the island and terminated the plague. This is all recounted by Livy and Ovid in his *Metamorphoses* and they state that in gratitude the citizens of Rome built a temple to the god and converted the end of the 'Isola' into a representation of the bow of a ship, upon which they put a sculpted facsimile of the serpent entwining the mast, an insignia which is now familiar to all in medicine as the Caduceus. St. Augustus, in his *De Civitate Dei* scorns this story as a further example of paltry fable. However, this temple, with its

original great columns, later became the basilica dedicated to Bartholomew about 1,000 A.D., but over the next century it decayed, causing a further restoration in 1112

Raherus), the Frankish name of our illustrious founder. It appears that he was a man of humble birth, but who was possessed of such quick wit and pleasantry that in spite



The Vision of Rahere. A panel in St. Bartholomew The Great.

A.D.; it then became a world centre of pilgrimage.

RAHERE'S VISION

Now the scene switches to the London of this period and centres on Rahere (Rayer,

of his origin he was 'jester' at court. This term 'jester' appears to be a misnomer in the modern sense of the word, and should be interpreted as a clever companion, who if it had not been for the unfortunate circumstances of his lowly birth, would be better termed 'favourite.' The court at that time was

renowned throughout Europe for its wit, brilliance, gaiety and learning, and continued so until 1118, when the 'White Ship' carrying the King's son Aethling sank in the channel with all souls lost, many of whom were prominent attendant members of the court. This tragedy transformed Henry the king into a sombre grief-stricken shadow of his former self, and the effect was reflected in the court, and even Rahere followed suit. In 1120 he became a canon in the Augustinian Order and requested permission to go on pilgrimage to Rome to atone for his former way of living. This was granted, and there is very little doubt that he visited the Old Jewish quarter of Rome which was the site of St. Paul's and St. Peter's martyrdom under Nero, and which quarter incidentally was the centre of the malarial section of Rome, and also close to the Basilica of St. Bartholomew. We would like to believe that he was nursed back to health once more by the monks of the Isola Tiberina, thus linking our already fabulous past with that of the Ancient codes of Hippocrates and Greek therapies. In addition Rahere was purported to have had a vision while in or travelling back from Rome in this wise:—

'... And while he tarried there in that meanwhile he began to be vexed with grievous sickness and his dolours, little by little, taking their increase, he drew to the extremity of life, the which dreading within himself that he had not atoned for his sins to God, and therefore he supposed that God took vengeance of him for his sins amongst outlandish people and deemed the last hour of his death drew him night. This remembering inwardly he shed out as water his heart in the sight of God and all brake out in tears, then he avowed his health God him would grant, that he might return to his country, he would make a hospital in recreation of poor men, and to them so there gathered minister necessities after his power. And not long after the benign and merciful lord that beheld the tears of Hozekiah the king, the importuned prayer of the woman of Canaan, rewarded with the benefit of his pity, thus likewise mercifully he beheld this weeping man and gave him his health, approved his vow, so of his sickness recovered he was, in short time wholly made, began homeward to come, his vow to fulfill that he had made.

En route Rahere has the vision after thuswise:—

'In a certain night he saw a vision full of dread and sweetness, when after the labours and sweating that he had by days his body with rest he would refresh. It seemed him to be born up on high of a certain beast having eight feet and two wings and set him in a high place, and when he from so great a height would inflect and bow down his eye to the lower party downward, he beheld a horrible pit whose horrible beholding impressed in him the beholder great dread and horror, for the deepness of the same pit was deeper than any man might

attain to see. Therefore, he, secret knower of his defaults, deemed himself to slide into that cruel downcast, and therefore as him seemed inwardly he shuddered, and for dread crying appeared a certain man pretending in mien the majesty of a king of great beauty, and imperial authority, and his eye on him fastened, he said good words, words of consolation bringing good tidings as he should say in this in this wise "O man," he said, "What and how much service should you give to him that in so great a peril hath brought help to thee." Anon he answered to this saying, "Whatsoever might be of heart and of powers, diligently should I give in recompense to my deliverer." And then said he, "I am Bartholomew the Apostle of Jesus Christ that came to succour thee in thine anguish and to open to thee the secret mysteries of heaven, know me truly by the will and commandment of the Holy Trinity and the common favour of the celestial court and council to have chosen a place in the suburbs of London at Smithfield where in my name thou shalt found a church, and it shall be the house of God. There shall be the tabernacle of the lamb, the temple of the Holy Ghost. This spiritual house Almighty god shall inhabit and hallow it, and glorify it and his eyes shall be open and his ears intending on this house night and day that the asker in it shall receive, the seeker shall find and the ringer or knocker shall enter. Truly every soul converted penitent of his sin and in thy place praying, in heaven graciously shall be heard. The seeker with perfect heart for whatsoever tribulation without doubt he shall find help to them that with faithful desire knock at the door of the spouse assistant angels shall open the gates of heaven receiving and offering to God the prayers and vows of faithful people. Wherefore in hands be there comforted in God, having in him trust do thou neither of the cost of this building doubt thee nought. Only give thy diligence and my part shall be to provide necessities, direct, build and end this work, and this place to me accept with evident tokens and signs protect and defend continually it. Under the shadow of my wings, and therefore of this work know me master, and thy self only the minister; Use diligently thy service and I shall show my lordship." In these words the Vision disappeared.'

This would appear to have been to Rahere as the Damascus road was to Saul, because on return he worked unceasingly to carry out his vow. He importuned the Archbishop and other members of the nobility to persuade the king to grant him land in Smithfield (Smoothfield, Smoedfield, Smethefelde), upon which he could build the 'farmery' (infirmary) to Saint Bartholomew, in gratitude for his successful return to health and England, and in accordance with his vow charter soldiers. At the same time that he built this 'hospital of the Holy Cross' he built the Priory of St. Bartholomew and became the first Prior of this foundation in the month of March, 1123, a position which he held until 1143.

STUDENTS UNION

COUNCIL MEETINGS

A meeting of the Students' Union Council was held July 25th. Business discussed included the following items:

1. Provision of lavatories in the gymnasium has still to be raised in the Executive Committee.

2. Provision of a radio for the Midwifery Clerks' sitting room was being considered.

3. **Sub-committee report on the Constitution.** The cost of printing a new booklet was not justified as the greater part of the Constitution had not changed, and all the changes in the Constitution could be found in the Students' Union Minutes Book. The sub-committee proposed that all the new amendments be extracted and duplicated, and a copy of these, together with the old booklet be available in the Library and in Mr. Morris' office. The sub-committee felt that no alterations need be made to the Constitution.

4. The position regarding clubs which suddenly folded up was reviewed. It was felt that the Students' Union should be familiar with the secretaries of the various clubs so that a check could be kept on the activity of clubs. Equipment of disbanded clubs should be disposed of by the Union or else should be under the care of the Union.

A resolution was passed:

'Retiring officers of clubs should inform the secretary of the Students' Union of their successors so that he may maintain an up to date record of officers.'

5. The boat club was given permission to have their white blazers trimmed with two black bands divided by a white band $\frac{1}{4}$ " across the whole width

A meeting of the Students' Union Council was held August 22nd. The following items were discussed:

1. The Council was informed that it was geographically impossible to provide cloakroom accommodation attached to the existing gymnasium. The Dean and Warden considered that the facilities in the basement of College Hall should be available at Student Union functions.

Provisos were:

(a) no entry to College Hall would be allowed through the Domestic staff quarters;

(b) noise and disturbance to be kept to a minimum.

The right to use these facilities would be withdrawn if their use proved a nuisance to the residents.

2. Mr. Carus Wilson had been approached regarding the provision of new furniture for the

being one inch. The hospital crest may be worn on the blazer pocket by all members, but only people with colours would be allowed a crest on the cap.

6. Honours Colours were awarded to the following members of the Sailing Club:

Mr. H. V. Blake,

Mr. M. E. B. Hayes,

7. It was proposed that a television should be bought for the Abernethian Room. This would prove very popular at the time of the main sports events such as Wimbledon tennis and Test matches, and would also give pleasure to those people who had to stay on at the hospital in the evening.

Arguments against this idea were: expense of buying a set was not justified; the peace of the Abernethian Room would be disturbed and viewing might necessitate the blacking out of the room.

It was suggested that to overcome the expense of buying a set, a set might be installed on an advertising basis.

On taking a vote the proposal to buy a set was defeated by 8 votes to 4.

The subject will be discussed at the Annual General Meeting of the Students' Union.

8. The possibility of having the Abernethian Room cleaned and repainted is being looked into. Once this had been done an application for curtains for the room would be made.

9. A letter of appreciation was sent to Mr. Garwood for maintaining the Abernethian Room in a decent state, and for the well banked fire during the winter months.

Midwifery Clerks' sitting room. The Rahere association will be approached concerning a grant to enable a radio to be bought for the room.

3. A proposal to redecorate the Abernethian Room will come before the Executive Committee in the near future.

4. The cost of hiring a television set for the Abernethian Room will be gone into.

5. The Students' Union Annual Ball will be held at the Park Lane Hotel on Friday, May 17th, 1957.

6. Arrangements for the provision of guides to show a party of Glasgow medical students around the Hospital will be made nearer the date of the visit.

7. Permission was given to the Christian Union to use the Recreation Room in College Hall on October 2nd at 4 p.m.

R. G. W.

BART'S POSTAL SERVICE



The Post Ladies outside their sorting room

THE insignificant looking office opposite the porter's lodge at the Giltspur Gate is the centre of great activity. The responsibilities of the G.P.O. as far as the hospital is concerned end here, and the terminal stages in the delivery of mail to all parts of Bart's are in the care of the two ladies who operate from these headquarters.

Inside, one wall is taken up by a rack of pigeon holes, one for every ward, department, and office in Bart's, while the opposite wall bears a list of the staff in every department. Magazine cuttings add to the decorations of the room, and one corner is occupied by the apparatus necessary for brewing tea.

The two ladies who look after the mail are Mrs. Alice Austin and Mrs. Margaret Smith. Mrs. Austin, who comes from Finsbury, has been engaged on this work for six years, and Mrs. Smith, who lives near Gamages, only

moved to the Postal Department last year, but is an old friend of the hospital, having previously spent eight years working in the Nurses' Home and four years as a ward orderly. As anyone requesting a favour of them will find, they succeed in combining efficiency with a cheerful and cooperative attitude.

The input to the office consists of three deliveries of letters and two of parcels per day from the post office, together with letters collected from the wards and departments for posting outside, and most of the internal correspondence between the different departments within Bart's. This wealth of material is then sorted out according to its destination. This is not facilitated by letters for patients simply bearing the address 'St. Bartholomew's Hospital,' which necessitate consulting the Clerks' Office for further

information, nor by correspondence for such outlying annexes as the College at Charterhouse Square, delivered to the Hospital by mistake.

Having arranged this miscellaneous collection in order, the post-ladies make a delivery round; this is done at least three times a day, and extends to fifty-four departments in all, from the Dunn Laboratories above, to the engineers in the basement, and includes all the patients, staff, students, and some of the nurses' post. On the way round they collect letters posted in the wards and

departments, and are in fact kept busy from before 8 a.m. until 5.30 p.m. They find that in general women patients receive more mail than the men, and the children the least. Naturally, they come to be on friendly terms with some patients of long residence.

Thus there is an intricate postal system within Bart's, which provides an explanation for at least one of the many and assorted uniforms whose owners contribute to the hustle and bustle of this Royal and Ancient establishment.

M.I.D.C.

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SPORTS NEWS

VIEWPOINT

THE *Journal* was first published in 1893, and interesting or outstanding events at Bart's since that date have been set down in print for posterity. But events prior to 1893 tend to be lost in obscurity, and for this reason it is well worth recording the following feat achieved in 1887 for the interest of Bart's sportsmen in general, and the use of any future historian of the Cricket Club. The History of St. John's School, Leatherhead, tells of a cricket match between that School and Bart's in 1887, when one of their pupils, T. N. PERKINS, scored 287 runs against the Hospital. This still stands as the School record. The Hospital Reports of that year make no mention of this feat, so perhaps it was decided that it was best forgotten. However, it makes one wonder what the standard of Bart's cricket was like in these days.

One suggestion arising from this event is that the Fixture Secretaries of the various Clubs might consider matches with some of the well-known Public Schools, and so acquaint themselves with good sportsmen who intend to make Medicine their career. Surely this would bring nothing but good to the Hospital, and if a precedent were needed, it was created many years ago.

Perhaps it is relevant to mention that the present holders of the United Hospitals' Rugby Cup run a team exclusively for the purpose of playing Public Schools.

GOLF

v. **St. George's Hospital** at South Herts. Wednesday, July 11. Won 5 matches to 1.

- C. G. Stephenson—won 6 and 5.
- J. Dobson—lost 6 and 4.
- C. Carr—won at 18th.
- D. Rhys-Phillips—won 2 and 1.
- J. T. Silverstone—won 4 and 2.
- J. Sugden—won 6 and 5.

v. **King's College Hospital**, at South Herts. Wednesday, July 18th. Won 4 matches to 2.

- A. Galbraith—won 3 and 2.
- C. G. Stephenson—won 1 up.
- J. Dobson—lost 2 and 1.
- C. Carr—won 2 up.
- D. Rhys-Phillips—lost 3 and 1.
- J. Sugden—won 4 and 3.

v. **Middlesex Hospital**, at Hendon. Wednesday, July, 25th. Drawn 3 matches each.

- R. Deering—lost 6 and 4.
- A. Galbraith—lost 2 and 1.
- C. G. Stephenson—won 4 and 3.
- J. Sugden—won 2 up.
- C. Carr—lost 3 and 2.
- D. Rhys-Phillips—won 2 up.

v. **The London Hospital**, at Marylands. Wednesday, August 15th. Won 4½.

- R. B. Deering—won 2 and 1.
- C. G. Stephenson—halved.
- J. Dobson—won 2 up.
- J. Sugden—won 3 and 1.
- D. Rhys-Phillips—won 5 and 4.

v. **St. Thomas's**, at South Herts. Wednesday, August 22nd. Lost 3 matches to 2.

- C. G. Stephenson—lost 3 and 2.
- J. Sugden—won 3 and 2.
- C. Carr—lost 5 and 3.
- Dr. J. P. D. Thomas—lost 6 and 5.
- D. Rhys-Phillips—won 4 and 3.

Congratulations to the Members of the Golf Club on this recent run of success, and in particular to Stephenson, who holed his tee shot at the 11th (170 yds.) in the match against the London Hospital.

RUGGER

With the opening of the 1956-57 season members can be seen running from College Hall to the Hospital in an attempt to ease the summer stiffness.

If the fixture list, standard of play and results continue to improve, the record of 13 wins in one season should be broken. For this to be achieved the first few matches must be won, and therefore training has been intensified.

Contrary to an *Evening Standard* report, John Tallack, Mick Davies, David Roche and 'Bim' Norbury are all training and hope to play for most of the season. There are 15 old colours in the Hospital plus many promising players in the junior sides.

The Club is looking forward to an enjoyable and successful season and hopes to receive active support from the members of the Hospital.

ROWING

The Boat Club has a full programme for the coming season including the Bart's-Thomas's Regatta and the United Hospitals Regatta in November, the Head of the River Race in March, and Reading, Marlowe and Henley Regattas in the summer. For good results in these events it is necessary to have the best possible crews. Therefore all Freshmen and other members of the Hospital who have rowed, or are interested in learning, should contact J. R. Strong (Capt.) or C. C. H. Dale (Sec.).

BOOK REVIEWS

THE CLINICAL APPROACH IN MEDICAL PRACTICE by C. E. Beaumont. Churchill. pp 462. £2 5s.

It may be argued whether it be right and proper that this book on the clinical approach should serve as a bedside book for the medical student. He may feel that such a time and place should be reserved for 'Fanny by Gaslight' or Pascals 'Pensees.' But whatever his taste, if he has access to a library or has not yet felt the meaning of inflation, he will find Dr. Beaumont's book eminently readable.

To learn Medicine around the bedside of a 'good case' under the guidance of a good teacher always proves a fascinating occupation, and the cases here presented in the form of question and answer have been chosen well. Thus is presented knowledge in form different from the standard text-books and interspersed with a background of medical history. Dr. Beaumont ensures that the student is always receiving a spur to make him examine patients both completely and carefully, while Bart's men should endeavour to follow the example of their compatriot who, on page 288, remembered to test the urine.

A further section of the book is devoted to accounts of the treatment of tuberculosis and of congestive heart failure. No fear need be enter-

tained by humanitarians that here are merely recorded further 'good cases,' for care has been taken to describe what the patient felt about his disease and how it affected his life. This is an aspect which needs emphasis for it can receive too scant thought amid the welter of facts and investigations of modern medicine.

And for lovers of the 'Readers Digest' there are six pages of 'Idle Thoughts.'

A. DORMER.

HANDBOOK OF CHEST SURGERY FOR NURSES by J. Leigh Collis, M.D., B.Sc., F.R.C.S. and L. E. Mabbitt, S.R.N. Baillière, Tindall & Cox Ltd. 15s.

The fourth edition of this book on thoracic surgery for nurses notices the changing scope of chest surgery by enlarging the section on surgery of the heart. Changes in operations and anaesthetics are so rapid in this field that the authors are cautious about committing themselves to details.

They should consider in the next edition if the section on 'donkeys' on page 39 is not out of date, and whether the account of oxygen administration on page 39 could not be improved. Oxygen need not be 'hubbled through water' if a mask is being used; and the mask illustrated is an old type. 4

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If only we had space for the rest of this instructive medical essay, which appeared originally in The Times, you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Proving of Podalirius"? Just drop us a card at the address below.

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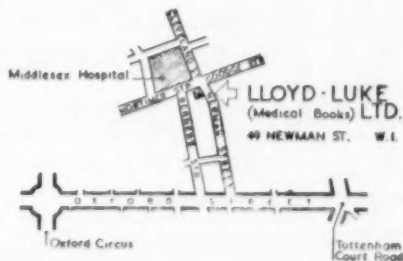
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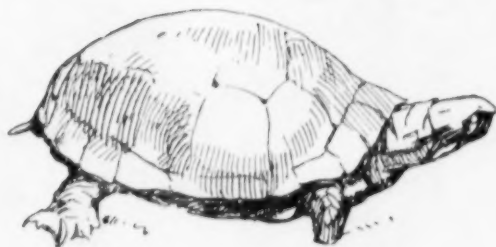
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